

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
10/533846

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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21						
22		1				
23		1				
24		3				
25		3				
26		2				
27		1				
28		1				
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44	1					
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46	1					
47	1					
48	1					
49	1					
50	1					
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53		/				
54		/				
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99						
100						
Total Indep		3				
Total Depend	51					
Total Claims	54					

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